

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041252

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 209

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)

Marshall

Length of stay in 1b

19 years

c. FULL NAME OF (If NOT in hospital, give location)

Fitzgibbon hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

c. CITY

OR

Marshall

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

516 1/2 East Arrow

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Emily

Middle

Josephine

Last

Snoddy

4. DATE

Month

Day

Year

DEATH

October

22nd

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-17-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY

Public schools

11. BIRTHPLACE (City and state or country)

Malta Bend, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Addison Snoddy

13b. MOTHER'S MAIDEN NAME

Teresa Ann Power

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

600 East Yerby

Mrs Claude Mikels, Marshall Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of liver metastatic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma sigmoid (resected 5-9-60)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ NO☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1, 1959 to Oct. 22, 1962 and last saw her alive on Oct. 22, 1962

Death occurred at 8:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Shallen M.D.

22b. ADDRESS

Marshall Mo

22c. DATE SIGNED

10-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-24-1962

23c. NAME OF CEMETERY OR CREMATORY

Little Grove cemetery

23d. LOCATION (City, town, or county)

Saline County Missouri

24. FUNERAL DIRECTOR

ADDRESS

Campbell-Lewis, Marshall Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 23 '62

26. REGISTRAR'S SIGNATURE

Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.